

**United States Agency for International Development
Bureau of Democracy, Conflict and Humanitarian
Assistance
Office of Food for Peace**

Fiscal Year 2010 Annual Results Report

Awardee Name /Host Country
Mercy Corps, Guatemala

Award Number:
AID-FFP-A-09-00005

Submission Date: 11/01/2010

(Enter the following information)

Awardee HQ Contact Name	Kevin Grubb
Awardee HQ Contact Address	45 SW Ankeny St. Portland, OR 97204
Awardee HQ Contact Telephone Number	503 896-5834
Awardee HQ Contact Fax Number	503 896-5011
Awardee HQ Contact Email Address	kgrubb@mercycorps.org

(Enter the following information)

Host Country Office Contact Name	Jay Jackson
Host Country Office Address	13 calle 2-60, Zona 10 Edificio Topacio Azul, oficina 1201 Guatemala, Guatemala
Host Country Office Contact Telephone Number	+502 2363-0938
Host Country Office Contact Fax Number	+502 2363-2008
Host Country Office Contact Email Address	jjackson@gt.mercycorps.org

LIST OF ACRONYMS

ABKDEC	Baptist Kekchi Cultural Development Association
ADEMAQK	Kajo'om Maya Q'eqchi Development Association
ADS	Automated Directives System
AOTR	Agreement Officer's Technical
ARR	Annual Results Report
AV	Alta Verapaz
BCC	Behavior Change Communication
CAFESANO	Northern Coffee Growers Association
CC	Convergence Center
COCODE	Community Development Council
CSB	Corn-Soy Blend
CTS	Commodity Tracking System
DIP	Detailed Implementation Plan
FANTA-2	Food and Nutrition Technical Assistance Project (Phase 2)
FFP	Office of Food for Peace
FFP/M/R	Office of Food for Peace/Mission and/or Regional Office, as Appropriate
FFP/W	Office of Food for Peace/Washington
FUNDAMENO	Mennonite Kekchi Foundation in Guatemala
FY	Fiscal Year (October 1 st - September 30 th)
GIS	Geographical Information System
GOG	Government of Guatemala
ICO	Social Cooperation Institute
IFPRI	International Food Policy Research Institute
IPTT	Indicator Performance Tracking Table
IS	Institutional Strengthening
ISP	Internet Service Provider
I-STAR	Integrated System for Transformation, Appreciation and Results
ICT	Information and Communication Technologies
IY	Implementation Year (July 1 st – June 30 th)
KAP	Knowledge Attitudes and Practices
LNS	Lipid-Based Nutrient Supplements
LOA	Life of Award
MC	Mercy Corps
MCG	Mercy Corps Guatemala
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
M&E	Monitoring and Evaluation
MYAP	Multi-Year Assistance Programs
NGO	Non-Governmental Organization
PDA	Personal Digital Assistant
PEC	MOH Coverage Extension Program
PM2A	Preventing Malnutrition in Children Under Two Approach

PPS	Planning and Performance System
PSS	Decentralized Health Service Providers
PREP	Pipeline and Resource Estimate Proposal
PROCOMIDA	Programa Comunitario Materno Infantil De Diversificación Alimentaria (Mercy Corps Title II MYAP in Guatemala)
PROSAN	MOH Food Security Program
SAPQ	Standardized Annual Performance Questionnaire
SESAN	Food Security and Nutrition Secretary
SIAS	Integrated Health Attention Service
SYAP	Single-Year Assistance Programs
TSU	Technical Support Unit
USAID	United States Agency for International Development
XNA IXIM	Multi-Ethnic Women Association

1. Introduction

During this past year, PROCOMIDA has been consolidated on all levels—organizational, operational and technical. The program has nearly reached its staff capacity needed for effective and efficient program implementation. The Behavior Change Communication (BCC) strategy has been finalized, the first sets of training materials have been designed and field validated¹, field staff has been trained, the areas of intervention have been defined and beneficiaries have been identified. The program has started interventions in the field and is steadily increasing its operations, planning to reach full geographic (573 communities) coverage in FY 2011.

1.1. Hiring personnel

During FY 2010, PROCOMIDA revised its initial organizational structure to assure optimal interventions in the field. Field staff has been doubled from 24 to 48 technicians, organized in 24 male/female teams of two. All field staff is bilingual in Q'eqchí and Spanish, and share the same culture with beneficiaries. Field implementation is organized in three regions, each with its own coordinator. Due to the increase in field staff, field coordinators are now assisted by two assistants in each of the PROCOMIDA regions. The support structure has been readjusted to assure optimal functioning.

The management information system (MIS) unit has increased its staff from one specialist to three staff: a MIS manager, MIS assistant and data entry assistant. The technical support unit (TSU) has also changed considerably; an anthropologist position has been added to the unit, which is expected to start this November, 2010. Additionally, the M&E structure has also been revised to assure proper monitoring and support to field work: one M&E specialist has been added, one M&E officer position has been eliminated and six M&E field staff has been hired to assure a more continuous presence in the field. Consequently, the original position of M&E Manager has been changed to the TSU Manager, who oversees all TSU activities, including M&E, BCC and nutrition.

A field manager position has been created and hired, in charge of leading all field program activities. Under the field manager, the position of institutional strengthening specialist has been created and filled, a position responsible for interacting with the local NGOs in charge of health services extension (PSS²).

The deputy director position has also been filled with a seasoned expert from Alta Verapaz, with strong government of Guatemala relations and intensive contacts with the MOH and SESAN. For most management staff, national staff has been hired with significant experience in the

¹ The process to test in the communities if the materials are according to local conditions, if the people understand them and if the message is clear

² Health Service Providers, these are the local NGOs that are contracted by MOH to provide health service extension in rural areas where direct interventions from MOH is not available.

region, national health services and local context. They have played an important role in linking with MOH and other partners in the program.

1.2. Warehouse

In Alta Verapaz, no adequate warehouse facilities were available at the beginning of the program. PROCOMIDA negotiated the construction and rental of a warehouse in Cobán according to specifications relevant to the PM2A program, including a moisture barrier between the ground and the floor, plaster over the cinderblock walls to eliminate a habitat for infestation and a sanitary curve, the rounding of the intersection between the walls and floor where infestation often resides. The warehouse includes three specific areas: storage, packaging, and dispatch. The storage area receives commodities from the port and keeps it stored. Each month, the Operations Unit receives the complete list of rations to be distributed to each CC³ from the field team through the MIS. The necessary amount of commodities is then transferred from storage to packaging and rations are prepared. The packaged rations are then transferred to dispatch for distribution through 44 separate transport routes. All three areas are separated by wire gates, to assure access and commodity control. For ration-sized packaging, the program obtained a sanitary license from the Ministry of Health before operations began.

Due to the fact that Cobán facilities were not initially available, PROCOMIDA rented a temporary warehouse in Rio Hondo, Zacapa. This warehouse is situated roughly halfway between port and Cobán. In July 2010, the first batch of commodities was moved from Zacapa to Cobán. Packaging started in the same month, through a contracted service provider with ample experience in food packing and manufacturing.

1.3. BCC strategy

The BCC strategy has been developed through separate but related processes: formative research, anthropological research and strategy design. The strategy includes thematic areas, preferred communication channels⁴, key messages, material design and cultural adaptation.

Formative research

Together with IFPRI, PROCOMIDA conducted formative research consisting of two phases. The first phase included the collection of information from the local population regarding knowledge attitudes, and practices (KAP) related to health and nutrition. This information formed the basis for the definition of the BCC strategy. The second phase identified recipes and ingredients commonly used in the area, as well as acceptability trials of donated food and micronutrients, including LNS and Sprinkles.

³ These are centers that are used to give basic health services in areas where there is no direct, formal MOH assistance. The centers are managed by local NGOs contracted by MOH.

⁴ Examples of communication channels are flipcharts, radio messages and promotion material that are accessible to beneficiaries.

Anthropological research

Two anthropologists delved deeper into cultural aspects of health and nutrition, amplifying findings in the formative research. From these findings the main topics and key messages were defined, around which the BCC strategy was developed. The anthropologists also revised messages and interventions for cultural adaptation for the Q'eqchí population. Finally, they identified cultural elements to take into consideration when defining the design, presentation and diffusion of the promotional and educational materials, as well as preferred communication channels in accordance with the local context.

Design of messages and materials

The design of materials started with the identification of key issues to be addressed, the identification of approaches and specific messages. To date, the following materials have been designed: five sets of messages for ration bags and one flipchart module on exclusive breastfeeding. A second flipchart about the use and preparation of donated foods, emphasizing the need to add locally grown and available foods is being designed and tested in the field. All have the USAID branding and marking per the program branding and marking strategy.

All materials have gone through a thorough extensive field validation with the target population, to assure acceptability, understanding and concordance within the local context. All materials use little or no text and rely principally on pictograms or graphical representations due to the high illiteracy rate (65%) in the area. The flipcharts are accompanied by a Spanish language training guide for the field staff.

Training of field staff

All staff has been intensively trained in andragogy⁵ and participatory training methods, BCC messages, behavior change and culturally appropriate behavior. The majority are receiving a certification course in food security with SESAN and the Rafael Landivar University.

1.4. Beneficiary Selection

As mentioned in the revised FY 2010 PREP, the program went through an intensive and long process to define its intervention area. At the conclusion of this, a total of 221 Convergence Centers (CCs) from four municipalities have been selected, covering a total of 573 communities. With this coverage, the program expects to reach the LOA target of 33,000 beneficiaries, with an average of 16,500 beneficiaries per month. As also mentioned in the revised FY2010 PREP, the communities have been divided into three regions: North, Center and West.

Through the above mentioned data revision process, the following important information was collected from the CCs:

⁵ Methods or techniques used to teach adults. (dictionary.com)

- Community diagnostic, including CC coverage, year-round road access, number of families, existing authorities, health committees, key persons in the community, food handling capacities in the community.
- Community storage diagnostic, consisting of the identification and description of potential storage locations.
- Master list, which includes all potential beneficiary families, family structure, family data and health services the family receives or has access to.
- Data consolidation instruments to define coverage and validate inclusion criteria for families.
- Enrollment list, with the detailed information of all beneficiaries, including family composition, access to health services, and participation in and services from other programs.

1.5. Baseline

The baseline study was implemented together with IFPRI, as it will also be used for IFPRI's own institutional research. Based on the 221 Convergence Centers (CC) identified for intervention, IFPRI randomly selected 20 CCs for each of the five research arms, for a total of 100 PROCOMIDA CCs, as well as 20 non-program control CCs from the same four program municipalities. From these CCs, a total of 45 were randomly selected for the baseline study. For each of the 45 CCs, a detailed census was conducted to identify families with pregnant or lactating women or children less than five years of age. From the census, samples of 29 families were randomly selected in each CC, with an additional 10 families as replacement. A total of 1,308 families were sampled from 108 communities that belong to the 45 CCs.

Simultaneously, a bid selection process took place to hire a local consulting firm to conduct the field data collection. Through the selection process, PROCOMIDA found only two contractors qualified to perform the survey, of which one had extensive experience in food security evaluations (including Title II) as well as research with FANTA and USAID. The same contractor also reported experience in the use of Personal Digital Assistants (PDAs) for data collection. Data collection started on May 22, after four weeks of intensive training and revision of the surveys, and was completed on July 19. Apparently, as the consultant group has grown considerably in the last years, its quality has reduced. Final, cleaned data was not available at the end of this FY and is expected to be received in October. Hence, data analysis by IFPRI has been seriously delayed and is expected to be available by the end of November. The report is expected to be finalized by January 30. Consequently, the IPTT has not been updated for this ARR.

1.6. Implementation

Logistics / Distribution

Before implementation in the field, PROCOMIDA organized an exchange visit with the Mercy Corps Title II SYAP program implemented in the dry corridor of southeast Guatemala, as a sub-grant with Save the Children (PROSANO). The visit allowed the PROCOMIDA staff to learn from PROSANO's experiences and strengthen their knowledge before starting implementation.

A similar cross-visit by PROSANO to the PROCOMIDA program will be made for other information and lessons learned sharing.

All field interventions are organized by distribution routes, which cluster neighboring CCs that have the same rations. This was done to minimize the time food is stored in the community, to ensure good food quality and inventory control. It also assures trucks only transport one type of ration at a time, to avoid beneficiaries comparing their ration with those of beneficiaries in other research arms. Routes have been defined through spatial analysis, with the aid of ortho-photos, geo-positioning and field collected access data. A total of 44 routes have been established to cover all 221 CCs. The routes were organized into monthly distribution/training plans, which include three weeks of fieldwork for the field teams and one week for reporting and training of the program trainers.

With this information, a field officer's typical day was defined, as well as the necessary resources for implementation. The typical day includes training for program participants, ration distribution and health committee training in the morning; in the afternoon, house visits or recipe demonstrations are conducted. The women of each team are responsible for beneficiary training for mothers, and the man is responsible for ration distribution and training for fathers.

Transport to the CCs is planned according to the routes and up-to-date information on registered beneficiaries. The Operations Unit plans and conducts the ration-sized packaging and delivery to the CCs to assure a continuous flow of commodities, adopting the "Just in Time" inventory strategy to the program's specific needs regarding packaging and dispatch space, as well as community storage capacity. Various control mechanisms have been implemented and included in the CTS (See 1.7).

Program activities have been planned and will be implemented in stages, according to the roll out of each research arm. Implementation started with the non-research CCs (a total of 121 CCs), which receive full rations. In June, participants in a total of 24 CCs were enrolled and the first distribution was conducted in July. All field staff was involved in this distribution, which served as a testing ground for future distributions. A total of 1,418 families received a ration in that month. Local health committees are in charge of receiving rations and distributing them to the beneficiaries. Once the first distribution was finalized, field management organized an evaluation with all staff, identifying strengths and weaknesses and discussing ways to improve future distributions.

The second distribution and third distribution (August and September), included 120 non-research CCs (40 per region), with a total of 6,279 beneficiaries, reaching 40% of the target of 16,500 beneficiaries.

In August, an additional 40 CCs from research arm A (full ration) and arm C (CSB only) were enrolled, totaling 160 CCs and 8,818 beneficiaries. These CCs will be included in distribution from October onwards. Research arm B was registered in September and will start distribution in November. Both Research Arm D and E are pending authorization of the MOH (see 1.8), as they include micronutrient supplements (LNS or Sprinkles). It is expected that distribution in these arms will start in January 2011.

All distributions have been accompanied by the different program units: Logistics, MIS, TSU, Field and Management, in order to strengthen field implementation and identify and solve any difficulties.

Table 2. Inscription of beneficiaries

Region / Month	West	Center	North	Total
June			1,418	1,418
July	1,449	2,002	114	3,565
August	1,032	117	147	1,296
September	669	1,060	810	2,539
Total	3,150	3,179	2,489	8,818

Table 3. Distribution of rations

Region / Month	West	Center	North	Total
July			1,418	1,418
August	1,449	2,002	1,532	4,983
September	2,481	2,119	1,679	6,279
Total	3,930	4,121	4,629	12,680

Based on the experiences in the first months, PROCOMIDA is now delivering rations to each CC one business day before distribution. For instance, for Monday distributions, rations will be delivered the Friday before. This means that each CC should have adequate storage that can securely hold rations dry for at least three calendar days.

Training / home visits and demonstrations

Based on the BCC strategy (see 1.3), training themes have been defined and developed. As beneficiaries may not be acquainted with the use of some of the distributed commodities, such as CSB and vegetable oil, the first two months have been dedicated to familiarize them with the utilization of these commodities. The following months are dedicated to trainings exclusively in

breastfeeding. Training is based on a curriculum that includes flipcharts, messages on bags and a methodological guide for the trainers.

During the three months of training, a total of 702 sessions were conducted, training a total of 6,279 beneficiaries: pregnant women, lactating mothers and mothers with children from 6 to 24 months. Additionally, a total of 264 sessions with the 120 health committees have been held, training them in the following subjects: types of commodities distributed and the size of each ration; handling of commodities; control of the ration distribution to beneficiaries; definition of the health committee's regulations; voluntary contributions to the community health fund; and the yearly implementation plan for the health fund.

In the afternoons, after finalizing distribution, the field teams visited 209 houses to monitor the utilization of the donated food, as well as reinforce the importance to assist training sessions and distributions.

Institutional Strengthening (MOH, PSS)

After thorough analysis, PROCOMIDA decided to create an Institutional Strengthening (IS) component within the Field Unit, in order to operationalize the IS targets within S.O. 2. The IS component consists of one IS specialist and three IS field technicians. Currently, the IS specialist has been hired and PROCOMIDA is in the process of selecting technicians.

PROCOMIDA has presented the program objectives and activities to its partners at different institutional levels, such as the MOH departmental level, departmental technical council, departmental food security commission, and municipal food security commissions, in order to inform them of the objectives of the program and create coordination with these partners.

A total of 160 CC assemblies have been held to disseminate information about the program and elect or reactivate the health committees, which play an important role in the implementation process. They are involved in distribution, follow-up to beneficiaries, identification of new beneficiaries, as well as management of the local health fund.

PROCOMIDA's field staff has also been trained in the community health committees' internal regulations.

At the PSS level, the program has held meetings with all six PSS's that operate in the program area (CAFESAN, XNA IXIM, ABKDEC, FUNDAMENO, ICOS, and ADEMAQK) to present PROCOMIDA and specifically discuss possible interventions to strengthen these local NGOs. As part of the MOU signed with the MOH Area Director for Alta Verapaz, PROCOMIDA started negotiation with each PSS for a cooperation agreement, based on needs identified through

the I-STAR methodology⁶. However, ABKDEC decided not to negotiate an agreement as they will not be renewing their implementation agreement with the MOH next year, and thus, considered it inappropriate to initiate this process with PROCOMIDA. The other five NGOs have completed the I-STAR process and signed an agreement with the program, which incorporates institutional strengthening in different areas.

1.7. MIS

The MIS information platform has been in development since January and will have the following characteristics when finalized in the course of the second implementation year:

- Use of technology that is readily available and flexible, allowing implementation in any project that distributes goods and services to communities.
- Web-based automation of processes and operations, to assure access from any place (with internet access) and following international standards for security, both for access control and transaction logs.
- Software applications are developed in computer programming languages (PHP, Java and SQL⁷), allowing platform independent access and portability. All applications will have technical documentation.
- Data access is secured by periodic backups (daily in real time) and redundancy, assuring a 95-99% availability. Thus far, downtime has been generally caused by ISP infrastructure failures.
- The main MIS platform consists of the following modules: Commodity Tracking System (CTS); Planning and Performance System (PPS); Beneficiary Training Tracker; and Beneficiary Information.
- It will include an online GIS module to provide spatial analysis.
- Includes e-learning and program portals.

Initially all data collection is handled both on paper and digitally, including data collection through Personal Digital Assistants (PDAs). A total of 55 PDAs have been purchased for this purpose, providing each field staff with one unit. Some of the PDAs were used for baseline data collection. Eventually, most data will be collected electronically, although certain information will also be on paper for auditing purposes. PROCOMIDA is still researching the possibility of using fingerprint readers with PDAs for registration and control of beneficiaries, which has been more complicated than expected due to a lack of local support.

In order to assure correct functioning of the MIS system, the program has supported the reengineering of Mercy Corps Guatemala's ICT infrastructure, developing inter-connectivity

⁶ I-STAR (Integrated System for Transformation, Appreciation and Results) is an organizational strengthening strategy developed by Project Concern International.

⁷ Structured Query Language, a database computer language designed for managing data in relational database management systems (www.wikipedia.com).

between offices. For this purpose, new servers and other infrastructure have been purchased and installed and are in operation.

Beneficiary data

All beneficiaries are registered and a unique family code has been assigned to each. Beneficiaries receive a beneficiary card, which they take with them to trainings and distributions. The card allows PROCOMIDA to register beneficiary participation in trainings, as well as attendance in pregnancy controls and/or growth promotion sessions for children, both services provided by the PSS. The beneficiary module provides the warehouse with an exact monthly planning of ration production and distribution. It also interlinks with all other modules within the MIS.

Commodity Tracking System (CTS)

The CTS includes two main components:

- Warehouse management, including commodity reception, transfer between warehouses, and dispatch to the field. In this context, the different areas – storage, repacking and dispatch – are considered separate sub-warehouses.
- Distribution, including ration distribution to beneficiaries and ration returns from the field. The CTS is interdependent with the beneficiary module within the MIS. The module was released for validation and testing in May. The final version was released in September, containing all data since the reception of the first commodities in February 2010.

Planning and Performance System (PPS)

This module provides the program with analysis and reporting tools to measure implementation and achieved levels. Indicators have been defined together with field coordinators and monthly targets have been established. Field staff will report monthly execution levels against these targets and, together with their coordinators, will evaluate their performance and adjust their monthly planning. Although the PPS is mainly conceived as an internal reporting and control tool, it also allows the program to generate information for external reporting.

The PPS allows the creation of specific indicators each year interactively, without the need to reprogram the interface or database. It is based on a yearly indicator definition/revision and target planning, followed by monthly execution reporting. It is based on the Balanced Scorecard⁸ concept and allows consolidated reporting at different levels, according to the program's needs.

During this fiscal year, priority has been given to the development of the CTS and thus the PPS has only reached finalization of its conceptual design. In the first half of FY11, it will be completed and implemented. In the meantime, field staff will continue to report on paper.

⁸ The balanced scorecard is a strategic planning and management system that is used to align activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals. (www.balancedscorecard.org)

Training

All training – including those for beneficiary families, community committees, PSS and other partners – will be entered in the MIS database, assuring correct registration of persons trained and assistance. Once fingerprint reading is implemented, registration at trainings will be automated.

1.8. MOH Coordination

Coordination with the MOH has been at multiple levels, both regionally and centrally. Initially, meetings were held to present the program, starting at the Area level (Alta Verapaz) and followed by meetings in the five health districts in the four municipalities where the program is being implemented (Cobán, Carchá, Campur Carchá, Lanquin and Cahabon). At the departmental level, frequent meetings have been held to define joint action to strengthen the PSS's that implement the MOH extension program (PEC⁹), as well as community health services.

At the same time, meetings were held with the MOH at the national level to introduce both the program and implementation strategies in general, as well as the research component. The meetings have been held with the Technical Vice Minister and different ministerial programs, such as SIAS¹⁰, PEC and PROSAN¹¹. A part of these meetings evolved around the research arms that include micronutrients (Sprinkles or LNS) and require MOH approval before PROCOMIDA can start implementation of these research arms in the targeted CCs. With the Technical Vice Minister, the formal application for approval process has been initiated and is expected to be completed before the end of the calendar year.

2. Success stories

2.1. Community Organization

In June, PROCOMIDA held community assemblies in the West region in order to organize PROCOMIDA's interventions of the coming next month. One of the visited communities was Chicucay, located in the jurisdiction of Chiquixj, Carchá, A.V.

During the assembly, the organizational structure of the community was evaluated together with community leaders and members. It was found that the Community Health Commission was inactive as health activities were not taken into consideration as part of the health activities implemented in Chicucay by the NGO. Furthermore, there a warehouse not available to appropriately store the program's Title II rations, nor adequate space to conduct the BCC training sessions. The assembly agreed to reactivate the existing Health Commission, rather than creating a new one, and agreed that its members would commit to work jointly with the

⁹ PEC: MOH Coverage Extension Program (part of SIAS, see definition below)

¹⁰ SIAS: MOH Integrated Health Attention Service

¹¹ PROSAN: MOH Food Security Program

community to coordinate PROCOMIDA activities with the program's technical staff, PSS basic health teams and the COCODE (Community Development Counsel). It was agreed that the commission would coordinate, with the support of the community, the identification of a warehouse to store the foods with minimum requirements, as well as space for the training workshops.



During the following visit, a month later, the PROCOMIDA team was pleased to see that all of the community planned commitments had been completed. Through voluntary contributions from program beneficiaries, materials and labor from beneficiary families, Chicucay now has a brand new store room with pallets and a concrete floor for adequate storage of the rations. Outside of the warehouse, benches have been constructed for workshops; the community is also planning to put in

a concrete floor in this area, using voluntary contributions in the following months. In addition, since the initial PROCOMIDA-held community assembly, the Chicucay Health Commission is now one of the most active and best organized in program areas.

2.2. Donated Food Impact

Marta Pop Pop is the mother of William Rafael Xo Pop, a fourteen-month-old boy from Chiyux II, a community that is part of the Chiyux I Convergence Center (CC) in San Pedro Carchá. Rafaelito, as he is affectionately called, was born on July 6th, 2009 with a leporine lip. When he reached a month of age, his weight was 8.8 pounds. Breastfeeding has been impossible due to the cleft lip and palate, as the infant cannot create suction with his mouth. In his early months, when the family had a little money, he was fed infant formula, as well as dough water, rice water and tortillas with coffee.

His mother took him to his monthly weight control in the Convergence Center irregularly and his weight gain was below average. When PROCOMIDA began activities in Chiyux I in August, Rafaelito's mother enrolled her son in the program. Now, Marta reported that her child enjoys the Corn-Soy Blend (CSB), distributed by the program.

His smiling mother comments that since PROCOMIDA started, she can see improvements in her son's health. She noticed the gain in weight, 2.5 pounds in one month. Now she brings him each month to the health service for his weight control. Marta said that since the birth of her son, the family has suffered a lot, as it was necessary to operate on his lip. In order to do this, they needed to sell



their properties to cover the expenses of the surgery and hospital. Rafaelito still has two surgeries pending. With the food ration received through PROCOMIDA, the Xo Pop family has improved their nutrition and reduced their household expenses. At the same time, the training sessions are giving Marta important information to continue to improve Rafaelito's nutrition and she is confident he will not suffer from malnutrition.

3. Lessons learned

- Title II programs should plan sufficient time and resources in the first implementation year to select communities and beneficiaries, as well as hire and train its staff. This takes much more than the three to four months Title II programs traditionally plan.
- Although it appeared that we already knew what issues to address with the BCC, both the formative and anthropologic research gave specific insight on the reasons behind behavior problems, thus enabling the program to identify specific messages. (see example in attachment E.1.)
- Hiring field staff from the region that understands the local context and speaks the local languages fluently has greatly improved the acceptance of the program and messages with the beneficiaries. Another positive factor is the fact that the field staff works in teams of two, where the female beneficiaries have female trainers and the fathers have a male trainer.
- Validating training and branding material extensively in the field with beneficiaries requires time and resources. However, the final products are better adapted to local conditions and are expected to produce greater behavior change. This may, however, make it more difficult to use these materials in another cultural context.
- PROCOMIDA's intervention strategy is based on the current health services, through service provider NGOs (PSS). If the government decides to change this model, the program will have to make major changes to its strategies, which may impact coverage and budget.
- The opportunity to design the warehouse according to program specification has assured correct management of commodities.
- Ration sized packaging has proven to produce fewer losses, shorter lines in the communities and has also given opportunity to reinforce, through drawings, key messages from the flipcharts.

4. Attachments

- A.** Indicator Performance Tracking Table
- B.** Detailed Implementation Plan
- C.** Standardized Annual Performance Questionnaire
- D.** Tracking Table for Beneficiaries and Resources (Target data for this FY differ from those presented in the PREP due to adjustments in family size, based on actual enrollment data.)
- E.** Supplemental Materials
 - 1. BCC Strategy and training description
 - 2. BCC Flipchart sample
- F.** Completeness Checklist